

State License Number: \_\_\_\_\_ Class:  ATA  ATB Endorsement:  E  R  C

**Licensee Information**

 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Business Information (must be same as business affiliation on state license and/or website)**

 Company Name or DBA: \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email provided will be used to send important information: \_\_\_\_\_

**Authorized Signatures to Purchase Permits in Person**

Please Provide Full Name as on Driver's License

 1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Request to Retire a Signature**

Provide Full Name

 1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Licensee Signature**

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Information**

Subscribed and sworn to before me by affiant this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

 \_\_\_\_\_  
 NOTARY PUBLIC

**Mechanical Inspections Contact Information**

Phone Number: 832-394-8850

 Physical Address: 1002 Washington Avenue, 4<sup>th</sup> Floor

 Email: [mechanicalsection@houstontx.gov](mailto:mechanicalsection@houstontx.gov)

Mailing Address: P.O. Box 2688, Houston, TX 77252-2688

**FOR OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_